

CARDHOLDER SETUP

Page 1

Purchasing CPP (DoD)

Agent Number _____
(Leave blank if Cardholder Setup
is sent with Agency Setup)

* Company Number _____
(Leave blank if Cardholder Setup
is sent with Billing Official Level Setup)

* BO Name: _____

Cardholder Information: (Complete all information, unless indicated as optional)

* Cardholder Name: _____ * RANK / GRADE: _____
(Name 1) (max. 24 char.)

* Dept./Office/Agency Name: _____ (✓) Emboss Name ☒ Yes ☐ No
(Name 2) (max. 20 char.)

* Address 1: _____
(max. 30 char.)

Address 2: _____
(Optional) (max. 35 char.)

* City: A P O _____ State: A R
(max. 25 char.)

* Zip: _____ Country: _____
(max. 10 char.)

* Phone Number: _____
(max. 10 char.)

* DEROS: _____

User Field 2: _____
(Optional, first eight (8) characters embossed on plastic)(max. 15 char.)

* MAT Code*: 0 0 3 9 / 0039A
(*Use this field if only one MAT Code. Use page 3 if more than
one MAT Code needed.)

* Single Purchase Limit: \$ _____, _____, _____

* 30-Day Limit: \$ _____, _____, _____
(Credit Limit)

* Card Suppression (Indicate Y = Yes, N = No): N *E-Mail: _____

I.M.P.A.C. Check (Indicate Y = Yes, N = No): ⇔ I.M.P.A.C Check Single Purchase Limit: \$ _____, _____

Reporting Levels:

* Attach a copy of the RCO and DAU Training Certificates.

Level 1: 4 7 1 6 3 Level 2: 0 0 0 2 1 Level 3: _____ Level 4: _____

Level 5: _____ Level 6: _____ Level 7: _____

* Master Accounting Code: _____
(Optional) (max. 75 char.) (First 25 characters of Accounting Code)

(Second 25 characters of Accounting Code)

(Third 25 characters of Accounting Code)

* Certified by: _____

Date: _____

Form Submitted by:

Signature _____
Print Name _____
Phone _____
Fax _____ Date Submitted _____

For I.M.P.A.C. Government Services use only:

Rec'd Date: _____ Input Date: _____

Completed By: _____

Review Date: _____ Reviewed By: _____

Reject Reason: _____ Reject Date: _____

☐ Incomplete (missing information circled or highlighted)

☐ Other _____

Instructions for completing the Cardholder Set Up for RCO, Vicenza GPCard Program

The form is a USBank / DoD Cardholder set up form modified to meet the requirements of the Regional Contracting Office, Vicenza Italy. Should there be any problems with USBank C.A.R.E. on line system, this form maybe faxed to complete the application process.

All information marked with an asterisk (*), must be completed.

- * Company Number - each unit's billing official is identified at USBank by a five digit company number. This number connects all accounts assigned to the billing official.
- * BO Name – Billing Official name (print and sign).
- * Cardholder Name – First, Middle Initial, and Last.
- * Rank / Grade – enter your rank for military personnel and grade for all others.
- * Dept./Office/Agency Name – your unit's information.
- * Address 1 – your unit's box number.
- * City: APO; State: AE; and fill in your unit's zip code.
- * Phone Number – your local number or cell phone. NO DSN NUMBERS, this information is provided to USBank, which does not have dsn capability.
- * DEROS – provide the date in which you are scheduled to leave (PCS, Retire). For Local Nations, if assigned a temporary position, enter the date of when your time will expire.
- * MAT Code* - All cardholders will initially be set with the 0039 / 0039A code. If another or a combination of other MAT (Merchant Authorization Codes) is desired the billing official may use the MCC guide in the RCO Vicenza intranet site to determine what other codes maybe be applicable.
- * Single Purchase Limit – the maximum of \$2,500.
- * 30-Day Limit – the monthly (cycle) limit assigned to the cardholder.
- * E-mail Address – addressed assigned in the "Global Address" of Outlook, if one has not been assigned, provide your AKO e-mail.
- * Attach a copy of your RCO and DAU Training Certificates.
- * Master Accounting Code—either the Resource Management Office or Comptroller will provide this, and they will certify by signature.

Once all of the information is completed forward through your billing official to either your Resource Management Officer (RMO) (22nd ASG) or Comptroller (SETAF). For those who are not located in Vicenza, you may have a RMO or Comptroller at your location to forward to. Once they received your package, they will complete the "Certification", scan the documents, and e-mail to A/OPC and/or alternate, Ron Crowder and/or Roberto Schiavon.

If you have any questions with this form you may contact the A/OPC or alternate by phone or e-mail. Ron Crowder dsn 634-3921 / ron.crowder@rco.vic.usacce.army.mil
Roberto Schiavon dsn 634-3917 / roberto.schiavon@rco.vic.usacce.army.mil.